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CONFIRMATION NO. 6148

<b>SERIAL NUMBER</b> 10/566,560	<b>FILING OR 371(c) DATE</b> 02/21/2006 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 2863	<b>ATTORNEY DOCKET NO.</b> S303P07677
<b>APPLICANTS</b> Konstantin Thiveos, Murnau, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/51528 07/16/2004 <i>km</i> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 35 151.5 07/31/2003 <i>km</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/30/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 24131				
<b>TITLE</b> Method and system for the validating fault symptoms				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	